

FILED DEC 29 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 41578

Dr Sarno

BIRTH NO. _____		REG. DIST. NO. 238		PRIMARY REG. DIST. NO. 4345		Registrar's No. 78	
1. PLACE OF DEATH a. COUNTY New Madrid				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY New Madrid			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Matthews, Mo				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Matthews, Mo			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print)		a. (First) Pamela		b. (Middle) Sue		c. (Last) Leech	
4. DATE OF DEATH		(Month) 11		(Day) 27		(Year) 1950	
5. SEX F /		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) S 0		8. DATE OF BIRTH 3/25/48	
9. AGE (In years last birthday) 2		10. IF UNDER 1 YEAR Months 8		11. IF UNDER 1 YEAR Days		12. IF UNDER 1 YEAR Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (State or foreign country) Sikeston, Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Clarence E. Leech		13b. MOTHER'S MAIDEN NAME Bertha Collins		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Clarence E. Leech Matthews, Mo			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Wilms Carcinoma of Kidney ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 3 mos	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 6-1, 1950, to 11-27, 1950, that I last saw the deceased alive on 11-27, 1950, and that death occurred at 7 A m., from the causes and on the date stated above.							
23a. SIGNATURE Dr Sarno M.D.		(Degree or title)		23b. ADDRESS		23c. DATE SIGNED 11-29-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11/29/50		24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cem		24d. LOCATION (City, town, or county) (State) Charleston, Mo	
DATE REC'D BY LOCAL REG. 12-19-50		REGISTRAR'S SIGNATURE Helen Jones		FURNERAL DIRECTOR'S SIGNATURE Harry Jones		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

DEC 27 1950

DISTRICT HEALTH OFFICE No. 6

No. ....

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed John Alenton

Licensed Embalmer No. 2941

P. O. Address Sebaston

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.